



EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

1. Please read the "APPLICANT NOTE" BELOW
2. Complete all sides of the form
3. If more space is needed to complete any question, use comments on the back
4. Print clearly. Incomplete or illegible applications may not be processed
5. All Applicants must answer all questions completely and truthfully

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process, or terminating employment, if discovered after employment. All employees of Amian Care Services are employed at will. Amian Care Services will not discriminate against applicants based on any legally protected characteristic. These may include race, color, national origin, sex (including pregnancy), religion, age, disability, military status, veteran status, genetic information, or any other category protected by law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

Today's Date: _____

PERSONAL DATA:

Name: _____
Last First Middle Maiden

Current Physical Address: _____
No. Street City State Zip Code

Current Mailing Address: _____
No. Street City State Zip Code

Home Phone #: (_____) _____ Work Phone #: (_____) _____

Mobile Phone #: (_____) _____ Alternate Phone #:(_____) _____

Emergency Contact: _____
Name Phone# Relationship

AVAILABILITY:

Position(s) Applied for: _____ When are you available to begin work? _____

Please indicate the type(s) of work that you would prefer: ___ Full-time ___ Part-time ___ Overnights

Please indicate the days and times that you are available for work each day of the week:

Day of the week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Available to Start:							
Available to End:							

What parishes are you available and willing to work in (50-mile radius)?

EMPLOYMENT REFERENCES:

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential. Please, begin with your most recent employer.

Company Name	Address	City	State
Supervisor/Agency phone number		Your Name when Employed, if Different from Present Name	
Job Title	Date Employment Begin	Date Employment Ended	
Job Duties			
Beginning Salary-PER (Hour, Week, Month) Ending Salary PER (Hour, Week, Month) Reason for leaving			
Company Name	Address	City	State
Supervisor/Agency phone number		Your Name when Employed, if Different from Present Name	
Job Title	Date Employment Begin	Date Employment Ended	
Job Duties			
Beginning Salary-PER (Hour, Week, Month) Ending Salary PER (Hour, Week, Month) Reason for leaving			
Company Name	Address	City	State
Supervisor/Agency phone number		Your Name when Employed, if Different from Present Name	
Job Title	Date Employment Begin	Date Employment Ended	
Job Duties			
Beginning Salary-PER (Hour, Week, Month) Ending Salary PER (Hour, Week, Month) Reason for leaving			

PERSONAL REFERENCES (DO NOT INCLUDE RELATIVES):

Full Name	Address	Phone Number	Best time to call	Relationship	# of Years Known
1.		() -			
2.		() -			
3.		() -			

OTHER JOB-RELATED EXPERIENCE/SKILLS:

EDUCATION:

Please, circle the highest grade completed:

Grade School: 6 7 8 High School: 9 10 11 12 College: 13 14 15 16 16+

	Name of School	City, State	Major Subject	# of years attended	Did you Graduate?
High School					
Vocational					
College/University					
Other					

Please Read Carefully. Applicants must answer all questions in this section.

- Please rank the following services, in order of preference that you are willing to provide ("1" being the most preferable):
 Companionship Meal Preparation Laundry Transportation Running Errands
 Dressing Assistance Walking/Standing Assistance Housekeeping (Heavy Light)
- Do you have any reservations about providing services to a client with a pet(s)? Yes No
 (Cats Dogs Other)
- Would it bother you to provide services to a client that smokes? Yes No
- This position requires lifting, turning, repositioning, providing stability with ambulation with assigned clients, as well as, providing assistance with personal care and hygiene activities. Are you able to perform these functions? Yes No
- Have you ever been employed with Amian Care Services in the past? Yes No
 If yes, please give dates of employment, position(s) held, and your name while employed, If different from present. _____
- How did you hear about Amian Care Services? _____
- Why are you interested in employment with Amian Care Services? _____

- Do you work for another employer? If yes, please provide the name of employer(s) and current Schedule(s). Yes No

Note: Pursuant to state licensing regulation, if you are providing direct services, you cannot work more than 16 hours in a 24-hour period for Amian Care Services, and/or in combination with another HCBS Provider Agency. The 24- hour period begins at the time of the first shift worked in the 24-hour period. If you work 16 hours in a 24-hour period, you must have an 8- hour break before you can start another shift.

- Are you related to anyone or do you know anyone who is currently employed with Amian Care Services? If yes, please list name(s) and relationship(s) Yes No

10. Are you related to anyone currently served by Amian Care Services? If yes, please list name(s) and relationship(s). _____ Yes No
11. Pursuant to licensing requirements, do you have access to a smart phone/device with data during hours of employment for you to clock in and out? Yes No
12. Do you have any current certifications, such as CNA, CMA, and/or First Aid? Yes No
If yes, please explain: _____

SECURITY: As a condition of employment all employees must be "Bondable".

13. List States and Countries of residence for the past seven years: _____

14. Have you had any moving traffic violations? If yes, please, describe _____ Yes No

15. Have you been convicted of a felony and/or misdemeanor? If so, please describe in the box below. Yes No
If you were charged, but the charges were dropped, or you were acquitted, answer "No". Answering "yes" to this question will not automatically disqualify you from being considered for employment.

Incident	City/State	Charge
1.		
2.		
3.		

16. Are you charged with any unresolved criminal charge (Have you been charged with a crime that has not yet resulted in a plea of guilty, court trial or a dropping of the charge)? Note: A "yes" answer will not automatically disqualify you from employment. If yes, or unsure, please explain fully: _____

17. During the past five years, have you ever been denied a driver's license or convicted of a moving traffic offense, including, but not limited to, driving while intoxicated or reckless driving? If yes, please explain: _____

18. Have you ever been excluded from providing Medicaid Services by the Office of Inspector General? Yes No
If yes, please explain: _____

19. Have any charges against you been substantiated by a Protective Services Agency for alleged Abuse, Neglect, Exploitation, and/or Extortion of an individual? Yes No
If yes, please explain: _____

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers, information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agent, including consumer-reporting bureaus, to verify any of this information but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit a drug test to detect the use of illegal drugs prior to and during employment.

SIGNATURE

DATE



AUTHORIZATION FOR RELEASE OF
EMPLOYMENT INFORMATION

Name: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

PREVIOUS NAME(S): _____

HOME ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

I have applied to Amian Care Services for the position as
a _____. I authorize you to respond to the reference request so
they may act on my application. I release you from all liability in providing
information regarding my employment with you.

SIGNATURE

DATE

**AMIAN CARE SERVICES DISCLOSURE AND AUTHORIZATION
FOR CONSUMER REPORTS**

In connection with my application for employment, I have been informed Louisiana State Law, Title 40 R.S.1300.51 requires a State Police records check be performed prior to employment. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work reference, personal reference, education, motor vehicle record, accidents, licensure, credit, Office of Inspector General, etc. I further understand that such reports may contain public record information such as, but not limited to my driving record, criminal record, etc., from federal, state, and other agencies that maintain such records. I also understand any adverse information contained within the files of the state police and released to the authorized agency will be provided to me upon written request within ten (10) business days of receiving notice that a record exists.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers and associates of mine, etc.) to gather information regarding my work performance, character, general reputation, and personal characteristics may be obtained.

If I am hired, I understand that Amian Care Services can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment period.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Amian Care Services. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Amian Care Services to procure such reports at any time during my employment period. I authorize without reservation, any person, business, or agency contacted by the consumer reporting agency to furnish the above-mentioned information. This authorization is conditioned upon the following representation of my rights:

I understand that I have the right to request the consumer reporting agency name, address, and telephone number to make a request to the consumer reporting agency upon proper identification, to obtain copies of any reports furnished to Amian Care Services by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on Amian Care Services' behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by an investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two-year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Amian Care Services' obtaining the above information from the consumer reporting agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency.

Print Clearly and Use Your Full Legal Name

First: _____ **Middle:** _____ **Last:** _____

List any other names that you have used, including married and maiden name:

Race: _____ **Sex:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Previous Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Signature: _____ **Date:** _____

Social Security No.: _____ **Date of Birth:** _____

Driver's License No.: _____ **State of Issue:** _____